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ANALYSIS
OF
EIGHT THOUSAND CASES
OF
SKIN DISEASE

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ANALYSIS OF 8,000 CASES OF SKIN DISEASE.

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WHILE statistical details appear at first sight to be of comparatively little service, they are of undoubted value as a contribution to the medical history of a country and nation, and as a means of comparing its diseases with those in other lands; in the present instance the attempt will be made to use the presentation of figures as a basis from which practical conclusions may be drawn from the cases here analyzed.

The following tables are taken from records of eight thousand personal cases of diseases of the skin, of which 2,583 were observed in private practice, and 5,417 in my clinics in the Demilt Dispensary, and the out-patient departments of the New York and Bellevue hospitals. The many cases seen in other institutions and casually in hospitals and elsewhere are not included, because records of them have not been kept with sufficient accuracy. A portion of these cases have been included in clinical reports published some years since,¹ and brief mention is made of

¹ "Analysis of 1,000 Cases of Skin Disease," *American Practitioner*, May, 1875.

"Analysis of 617 Cases of Skin Disease," *American Practitioner*, April, and May, 1876.

"Analysis of 774 Cases of Skin Disease," *New York Medical Journal*, April and June, 1877.

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the total number in my recent "Manual of Diseases of the Skin"; a more extended consideration is here offered. The cases are arranged in two tables. Table I exhibits the diseases in alphabetical arrangement, and gives also the sex of the patients, and the number in each class of practice separate.

TABLE I.

DISEASES ARRANGED IN ALPHABETICAL ORDER.

DISEASE.	Private Practice.			Public Practice.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
Abscessus . . . . .	.....	1	1	9	7	16	17
Acne	150	370	520	169	284	453	973
Adenoma . . . . .	.....	.....	.....	4	1	5	5
Alopecia	46	23	69	13	7	20	89
Anthrax	5	1	6	3	2	5	11
Atrophia cutis	2	2	4	2	.....	2	6
Bromidrosis . . . . .	.....	1	1	2	.....	2	3
Cacotrophia cutis . . . . .	.....	2	2	.....	.....	.....	2
Canities	1	1	2	.....	1	1	3
Carcinoma cutis . . . . .	.....	2	2	.....	3	3	5
Cellulitis . . . . .	.....	.....	.....	1	2	3	3
Chloasma	2	30	32	.....	10	10	42
Clavus . . . . .	.....	.....	.....	3	4	7	7
Congestio folliculorum . . . . .	.....	.....	.....	.....	1	1	1
Cornu cutaneum	1	.....	1	1	.....	1	2
Dermatalgia	1	1	2	.....	.....	.....	2
Dermatitis	20	14	34	66	72	138	172
Dermatitis exfoliativa	2	.....	2	3	1	4	6
Dysidrosis	2	1	3	1	3	4	7
Ecthyma . . . . .	.....	1	1	10	7	17	18
Eczema	529	349	878	873	928	1,801	2,679
Elephantiasis Arabum . . . . .	.....	1	1	.....	2	2	3
Ephelide . . . . .	.....	1	1	.....	.....	.....	1
Epithelioma	26	19	45	24	17	41	86
Erysipelas	3	3	6	31	54	85	91
Erythema	16	24	40	27	61	88	128
Excoriationes . . . . .	.....	.....	.....	2	1	3	3
Folliculitis capitis . . . . .	.....	.....	.....	1	.....	1	1
Furunculus	15	13	28	58	65	123	151
Hæmophilia . . . . .	.....	.....	.....	1	.....	1	1
Herpes	14	7	21	26	23	49	70
Hydroa	5	1	6	2	1	3	9
Hyperæsthesia cutis . . . . .	.....	.....	.....	2	.....	2	2
Hyperidrosis	5	3	8	11	8	19	27
Hypertrichosis	1	23	24	.....	.....	.....	24
Ichthyosis	10	5	15	7	6	13	28
Impetigo . . . . .	.....	.....	.....	5	8	13	13
Impetigo contagiosa	2	5	7	7	12	19	26
Impetigo herpetiformis . . . . .	.....	2	2	.....	.....	.....	2
Keloid	3	4	7	4	.....	4	11
Lentigo	1	2	3	.....	.....	.....	3
Lepra	4	.....	4	2	.....	2	6
Leucoderma	9	8	17	2	1	3	20
Lichen	29	15	44	43	61	104	148
Lupus	11	21	32	7	30	37	69
Lymphadenonia . . . . .	.....	1	1	.....	.....	.....	1
Lymphangioma . . . . .	.....	.....	.....	1	1	2	2
Macula pigmentosa . . . . .	.....	.....	.....	2	.....	2	2
Miliaria . . . . .	.....	.....	.....	1	.....	1	1
Morbilli	1	3	4	.....	1	1	5
Morphœa	1	4	5	1	2	3	8

TABLE I.—Continued.

DISEASE.	Private Practice.			Public Practice.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
Nævus.....	4	12	16	3	7	10	26
Neuroma.....	.....	.....	.....	2	.....	2	2
Onychatrophia.....	.....	.....	.....	2	.....	2	2
Onychia.....	2	4	6	6	5	11	17
Papilloma.....	3	.....	3	2	.....	2	5
Paronychia.....	.....	.....	.....	1	4	5	5
Pemphigus.....	3	7	10	2	5	7	17
Phlegmon.....	.....	.....	.....	1	.....	1	1
Phthiriasis.....	3	8	11	155	231	386	397
Pityriasis.....	5	12	17	4	14	18	35
Pompholix.....	4	.....	4	.....	.....	.....	4
Prurigo.....	.....	1	1	.....	.....	.....	1
Pruritus.....	23	17	40	55	57	112	152
Psoriasis.....	77	54	131	92	110	202	333
Purpura.....	9	2	11	12	16	28	39
Rhinoscleroma.....	.....	1	1	.....	.....	.....	1
Roseola.....	.....	.....	.....	1	5	6	6
Rötheln.....	3	8	11	.....	1	1	12
Sarcoma.....	2	.....	2	1	.....	1	3
Scabies.....	9	1	10	66	52	118	128
Scarlatina.....	.....	1	1	.....	.....	.....	1
Scieroderma.....	1	2	3	.....	1	1	4
Scrofuloderma.....	1	2	3	14	13	27	30
Strophulus pruriginosus.....	.....	.....	.....	.....	1	1	1
Sycosis.....	15	.....	15	12	.....	12	27
Syphilis.....	92	61	153	344	302	646	799
Syphilophobia.....	.....	.....	.....	.....	1	1	1
Telangiectasis.....	.....	1	1	.....	1	1	2
Tinea.....	87	37	124	142	94	236	360
Trichorexis nodosa.....	4	.....	4	.....	.....	.....	4
Tumor.....	.....	.....	.....	1	2	3	3
Tylosis.....	.....	.....	.....	.....	1	1	1
Ulcus.....	8	6	14	88	79	167	181
Urticaria.....	14	30	44	62	93	155	199
Vaccinia.....	.....	.....	.....	2	.....	2	2
Varicella.....	3	3	6	9	6	15	21
Varicella prurigo.....	.....	.....	.....	2	.....	2	2
Variola.....	4	1	5	.....	.....	.....	5
Varioloid.....	.....	.....	.....	1	.....	1	1
Verruca.....	5	9	14	30	11	41	55
Xanthoma.....	2	4	6	1	3	4	10
Xeroderma.....	4	2	6	2	2	4	10
Zoster.....	14	12	26	30	32	62	88
Doubtful diagnosis.....	2	1	3	5	4	9	12
	1,320	1,263	2,583	2,577	2,840	5,417	8,000

Table II presents the diseases arranged in the order of their relative frequency, and shows the percentage of each. This table enables a comparison of the proportion of various diseases in private and public practice, which will be found to vary very considerably in some instances. Thus acne forms 20 per cent. of cases in private practice, and only 8 per cent. of those in public practice; syphilis was presented but half as often in private as in public practice; the animal parasitic affections were very seldom seen among private cases, whereas the vegetable parasitic diseases occurred in about equal frequency in both, etc.

TABLE II.

DISEASES ARRANGED IN THE ORDER OF THEIR RELATIVE FREQUENCY.

DISEASE.	Private Practice.		Public Practice.		Totals.	
	Num-ber.	Per cent.	Num-ber.	Per cent.	Num-ber.	Per cent.
1 Eczema { infantile { over 5 years of age.	115 763	878 33.99	488 1,313	1,801 33.24	603 2,076	2,679 33.48
2 Acne { sebacea..... { punctata..... { molluscum..... { simplex..... { indurata..... { rosacea.....	68 14 6 226 56 150	520 20.13	40 45 2 212 53 101	453 8.33	108 59 8 438 109 251	973 12.16
3 Syphilis.....	153	5.93	646	11.88	799	9.99
4 Phthir- iasis { capitis..... { corporis..... { pubis..... { phthiriophobia... {	7 1 3	11 .43	221 146 5 3 11	386 7.1	228 147 8 3 11	397 4.96
5 Tinea { tricho- { capitis... { phytina { barbæ... { corporis... { cruris... { versicolor..... { favosa..... { onychia parasitica..	31 8 27 25 30 3 ..	124 4.8	43 16 80 11 57 28 1	236 4.34	74 24 107 36 87 31 1	360 4.5
6 Psoriasis	131	5.07	202	3.72	333	4.16
7 Urticaria.....	44	1.66	155	2.85	199	2.49
8 Ulcus { venereum..... { simplex	4 10	14 .54	46 121	167 3.08	50 131	181 2.26
9 Derma- titis { simplex..... { venenata..... { medicamentosa.. { calorica..... { traumatica.....	11 13 9 1 ..	34 1.3	48 27 8 27 28	138 2.55	59 40 17 28 28	172 2.15
10 Pruritus { hiemalis..... { senilis..... { gravidarum..... {	15 2 1 22	40 1.55	8 20 1 83	112 2.07	23 22 2 105	152 1.9
11 Furunculus.....	28	1.08	123	2.27	151	1.89
12 Lichen { simplex..... { planus..... { pilaris..... { scrofulosorum....	30 12 1 ..	44 1.72	87 12 4 1	104 1.9	117 24 5 1	148 1.85
13 Erythema { multiforme.... { simplex..... { nodosum..... { scarlatiniforme	24 11 4 1	40 1.55	37 41 9 10	88 1.63	61 52 13 2	128 1.6
14 Scabies.....	10	.39	118	2.18	128	1.6
15 Erysipelas.....	6	.23	85	1.57	91	1.14
16 Alopecia { areata..... {	32 37	69 2.67	14 6	20 .37	46 43	89 1.11
17 Zoster.....	26	.91	62	1.14	88	1.10
18 Epithelioma.....	45	1.74	41	.76	86	1.08

TABLE II.—Continued.

DISEASE.	Private Practice.		Public Practice.		Totals.	
	Num-ber.	Per cent.	Num-ber.	Per cent.	Num-ber.	Per cent.
19 Herpes { febrilis..... { progenitalis..... { gestationis..... { lab. maj..... { nasalis..... { linguæ..... {	4 13 4	21 .81	36 6 .. 1 1 1 4	49 .9	40 19 4 1 1 1 4	70 .87
20 Lupus { erythematosus..... { vulgaris..... { senilis..... {	20 12 3 11	32 1.24 .54	22 15	37 .68	42 27	69 .86
21 Verruca {	3 11	14 .54	41	.76	55	.7
22 Chloasma.....	32	1.24	10	.18	42	.53
23 Purpura { simplex..... { hæmorrhagica... { rheumatica.....	7 2 2	11 .43	21 4 3	28 .52	28 6 5	39 .49
24 Pityriasis	17	.66	18	.33	35	.43
25 Scrofuloderma.....	3	.12	27	.5	30	.38
26 Ichthyosis { congenital..... {	2 13	15 .58	13	.24	28	.35
27 Hyperidrosis.....	8	.31	19	.35	27	.34
28 Sycosis.....	15	.58	12	.22	27	.34
29 Impetigo contagiosa.....	7	.27	19	.35	26	.33
30 Nævus { vasculosus..... { pilosus..... { pigmentosus..... { aranæus.....	10 2 2 2	16 .62	9 1	10 .18	19 3 2 2	26 .33
31 Hypertrichosis.....	24	.93	.....	.....	24	.3
32 Varicella.....	6	.23	15	.28	21	.28
33 Leucoderma.....	17	.66	3	.055	20	.25
34 Ecthyma.....	1	.039	17	.31	18	.22
35 Abscessus.....	1	.039	16	.3	17	.21
36 Onychia.....	6	.23	11	.2	17	.21
37 Pemphigus.....	10	.39	7	.13	17	.21
38 Impetigo.....	..	.....	13	.24	13	.18
39 Rôtheln.....	11	.43	1	.018	12	.15
40 Anthrax.....	6	.23	5	.09	11	.14
41 Keloid.....	7	.27	4	.07	11	.14
42 Xanthoma.....	6	.23	4	.07	10	.12
43 Xeroderma.....	6	.23	4	.07	10	.12
44 Hydroa.....	6	.23	3	.055	9	.11
45 Morphœa.....	5	.19	3	.055	8	.10
46 Clavus.....	..	.....	7	.13	7	.09
47 Dysidrosis.....	3	.12	4	.07	7	.09
48 Atrophia cutis.....	4	.15	2	.037	6	.075
49 Dermatitis exfoliativa.....	2	.076	4	.07	6	.075
50 Lepra.....	4	.15	2	.037	6	.075
51 Roseola.....	..	.....	6	.11	6	.075
52 Adenoma.....	..	.....	5	.09	5	.062
53 Carcinoma cutis.....	2	.078	3	.055	5	.062
54 Morbilli.....	4	.15	1	.018	5	.062
55 Papilloma.....	3	.12	2	.037	5	.062
56 Paronychia.....	..	.....	5	.09	5	.062
57 Variola.....	5	.19	.....	.....	5	.062
58 Pompholix.....	4	.15	.....	.....	4	.05
59 Scleroderma.....	3	.12	1	.018	4	.05
60 Trichorexis nodosa.....	4	.15	.....	.....	4	.05
61 Bromidrosis.....	1	.039	2	.037	3	.042
62 Canities.....	2	.078	1	.018	3	.042
63 Cellulitis.....	..	.....	3	.055	3	.042
64 Elephantiasis Arabum.....	1	.039	2	.037	3	.042
65 Excoriationes.....	..	.....	3	.055	3	.042
66 Lentigo.....	3	.12	.....	.....	3	.042
67 Sarcoma.....	2	.078	1	.018	3	.042
68 Tumor.....	..	.....	3	.055	3	.042
69 Cacotrophia cutis.....	2	.076	.....	.....	2	.025
70 Cornu cutaneum.....	1	.093	1	.018	2	.025
71 Dermatalgia.....	2	.078	.....	.....	2	.025
72 Hyperæsthesia cutis.....	..	.....	2	.037	2	.025

TABLE II.—*Continued.*

DISEASE.	Private Practice.		Public Practice.		Totals.	
	Num-ber.	Per cent.	Num-ber.	Per cent.	Num-ber.	Per cent.
73 Impetigo herpetiformis.....	2	.078	.....	....	2	.025
74 Lymphangioma .....	..	....	2	.037	2	.025
75 Macula pigmentosa.....	..	....	2	.037	2	.025
76 Neuroma .....	..	....	2	.037	2	.025
77 Onychatrophia.....	..	....	2	.037	2	.025
78 Telangiectasis.....	1	.078	1	.018	2	.025
79 Vaccinia.....	..	...	2	.037	2	.025
80 Varicella prurigo.....	..	...	2	.037	2	.025
81 Congestio folliculorum.....	..	...	1	.018	1	.0125
82 Ephilide	1	.039	.....	....	1	.0125
83 Folliculitis capitis .....	..	....	1	.018	1	.0125
84 Hæmophilia.....	..	....	1	.018	1	.0125
85 Lymphadenoma.....	1	.039	.....	....	1	.0125
86 Miliaria.....	..	...	1	.018	1	.0125
87 Phlegmon.....	..	....	1	.018	1	.0125
88 Prurigo	1	.039	.....	....	1	.0125
89 Rhinoscleroma	1	.039	.....	....	1	.0125
90 Scarlatina	1	.039	.....	....	1	.0125
91 Strophulus pruriginosus....	..	....	1	.018	1	.0125
92 Syphilophobia.....	..	....	1	.018	1	.0125
93 Tylosis .....	..	....	1	.018	1	.0125
94 Varioloid .....	..	....	1	.018	1	.0125
95 Doubtful diagnosis.....	3	.12	9	.16	12	.15
	2,583	....	5,417	....	8,000	....

Ninety-four separate names of disease-states are found in the first table, and in the second table several of these are seen to be further subdivided, so that the total number of distinct eruptions here presented will number more than one hundred.

In regard to the nomenclature here employed, it may be mentioned that the aim has been to employ only well-known names, and to adhere to the rule of using a Latin terminology. For many years the cases have been recorded on a scheme of nomenclature and classification prepared by the writer for teaching, and the adoption of a definite and determined plan has aided much in securing records which, while made solely for practical utility in dealing with the cases, could be used in forming the present tables of statistics.

It will be observed that many affections appear less frequently than others; this, in many instances, is due to the comparative rarity of the eruption, while in other instances it is because the complaint is not such as would be

likely to be presented at a clinic for treatment. Thus, prurigo, rhinoscleroma, morphœa, scleroderma, and lepra, with other diseases, are very rare in this country, whereas the exanthemata seldom appear because of the nature of the statistics, which are drawn from special consulting practice, while minor affections, as pigmentary anomalies, and others are rarely presented on account of their trivial character. The patients were remarkably evenly divided in regard to sex—3,897 males to 4,103 females; very considerable differences, however, appear in regard to different affections. Thus, chloasma was observed almost exclusively in females, while the cases of sycosis all occurred in males, as this eruption belongs mainly to the bearded face. Acne was presented for treatment twice as frequently in females as in males, whereas double the number of males were seen for alopecia. In eczema, lichen, psoriasis, and syphilis the number of each sex was nearly the same. Other differences will be noted in connection with various eruptions.

The ages of the patients applying for treatment are shown in the next table, recording all the private cases and those occurring in public practice, with the exception of cases observed during the years 1874 and 1875, the records of which are not now accessible. The same restrictions apply also to subsequent tables: but Tables I and II include these years, as these general statistics had been already incorporated in the reports previously alluded to. It will be seen that the largest number of cases belonging to any period of five years is found in that from twenty to twenty-five years of age, the total then being 787; this is even greater than during the first five years of life, which gave 779 cases. This is not a little remarkable, considering the large number of individuals living between one and five years old, as compared to those living between twenty and twenty-five years of age, and also considering the delicacy of the infant's skin and the readiness with which it is supposed to be affected, as compared with that of adults. The least number of cases in any period of five years appears to be that between ten and fifteen years of age,—that is, considering the number of individuals living,—namely, only

TABLE III.

AGES OF PATIENTS WITH GENERAL SKIN DISEASES.

AGE.	Private Practice.			Public Practice.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
6 months and under	29	21	50	48	51	99	149
6 months to 1 year	18	8	26	31	38	69	95
1 year to 2 years	18	13	31	71	65	136	167
2 years to 3 years	18	11	29	70	58	128	157
3 " " 4 "	10	9	19	42	46	88	107
4 " " 5 "	9	15	24	47	33	80	104
	102	77	179	309	291	600	779
5 years to 10 years	34	60	94	150	203	353	447
10 " " 15 "	19	52	71	105	190	295	366
15 " " 20 "	72	166	238	175	237	412	650
20 " " 25 "	120	224	344	266	177	443	787
25 " " 30 "	185	197	382	193	155	348	730
30 " " 35 "	182	122	304	151	110	261	565
35 " " 40 "	155	103	258	115	138	253	511
40 " " 45 "	129	83	212	82	91	173	385
45 " " 50 "	92	53	145	94	127	221	366
50 " " 55 "	69	40	109	64	78	142	251
55 " " 60 "	63	31	94	71	76	147	241
60 " " 65 "	39	27	66	40	24	64	130
65 " " 70 "	32	14	46	25	29	54	100
70 " " 75 "	20	9	29	7	7	14	43
75 " " 80 "	4	3	7	8	3	11	18
80 " " 85 "	1	2	3	3	3	6	9
85 " " 90 "	2	....	2	....	1	1	3
90 " " 95 " . . . . .	....	....	....	....	....	....	....
95 " " 100 " . . . . .	....	....	....	....	1	1	1
Unknown age . . . . .	....	....	....	....	1	1	1
	1,320	1,263	2,583	1,858	1,942	3,800	6,383

366, and the sudden increase between the ages of fifteen and twenty, to 650 cases, is not a little striking. This table may be advantageously studied in connection with those exhibiting the ages of patients with individual diseases, as we shall see later when speaking of the more common affections.

We may now pass to a brief consideration of some of the more important diseases, taking them up in the order of their relative frequency.

I. **Eczema.**—A glance at the tables will readily show that eczema holds the first place in point of frequency, as it certainly does in regard to the amount of distress occasioned. In Table II it is seen to form 33.99 per cent. of the private cases, and 33.24 per cent. of those seen in public practice, with a total of 33.48 per cent. in the entire 8,000 cases.

But this alone gives a very slight idea of its real frequency at different periods of life, which is by no means uniform. In the accompanying table (IV) are presented the ages of 2,500 patients with eczema, and from it may be

TABLE IV.
AGES OF 2,500 PATIENTS WITH ECZEMA.

AGE.	Males.	Females.	Total.
6 months and under	60	49	109
6 months to 1 year	43	39	82
1 year to 2 years	84	62	146
2 years to 3 "	67	62	129
3 " " 4 "	45	43	88
4 " " 5 "	28	32	60
Total infantile eczema	327	287	614
5 years to 10 years	99	117	216
10 " " 20 "	89	154	243
20 " " 30 "	177	162	339
30 " " 40 "	198	140	338
40 " " 50 "	154	158	312
50 " " 60 "	141	117	258
60 " " 70 "	79	56	135
70 " " 80 "	22	15	37
80 " " 90 "	2	3	5
90 " " 100 " . . . . .	....	1	1
Unknown age . . . . .	....	2	2
	1,288	1,212	2,500

judged the susceptibility of different years of life to the disease. A still more correct knowledge of the natural history of the affection may be obtained by a comparison of this table with the preceding, representing the general run of cases as they are presented for treatment. Thus we find that of the 779 cases of general skin affections occurring during the first five years of life, no less than 614, or almost 80 per cent. were cases of eczema; whereas in the next five years there were but 216 cases of eczema in a total of 447 miscellaneous skin cases, or less than 50 per cent. The average for this first decade of life gives 67 per cent. of all cases. In the next decade, that between ten and twenty years, 243 cases of eczema are found among 1,016 skin patients, or hardly 24 per cent.; still later, in the years between twenty and thirty, there were but 339 cases of eczema among 1,517 of all skin affections, or a little over 20

per cent.; in the following decade, that between thirty and forty, eczema formed over 30 per cent.; between forty and fifty, almost 40 per cent.; between fifty and sixty, over 52 per cent.; and between sixty and seventy years of age, almost 60 per cent. of all skin cases were those of eczema.

We thus see that during the earlier and later years of life the skin is most prone to take on eczematous action, while, as we will observe later, other affections belong rather to the period of early youth, others again to middle age, and still others to senility. The youngest patient treated with eczema was about ten days old, the oldest was said to be ninety years: between these ages almost every month was represented; there were forty-three patients with eczema who were seventy or more years of age.

In regard to sex, the patients were pretty evenly divided, 1,288 males to 1,212 females, although at different periods the proportion of each sex varied considerably. Thus in the decade between ten and twenty the females were almost double in number, owing probably in part to the influence of the development of the menses, whereas in the next decade the males were considerably in excess.

Little can be here said in regard to the phases of the eruption in these cases, or its location, but it can be readily understood that every conceivable form and variety of lesion is comprehended, from a single, hardened, localized, chronic patch of thickened skin, to a general, chronic, inflammatory eruption, involving a large area or the entire integument; or from a subacute, reddened surface, giving off a little moisture or scaling over, to an acutely inflamed, perhaps œdematous, exuding condition, affecting an extremity, the face, or much of the body. In regard to locality, every portion of the integument has been observed to be affected, from the crown to the sole.

With such a vast variety of manifestations, presenting all stages and conditions of inflammatory action, and located on different portions of the body, and on individuals with skins of various qualities, it is readily understood that very little can be said in a general way in regard to the treatment of the cases analyzed, or of the disease in general. Any

one who has had any amount of experience in managing eczema will appreciate the impossibility of indicating in the slightest degree a line of practice which will be serviceable in every case, or even in any proportion of those which may present themselves. The inutility and even harmfulness of prescriptions which sometimes are quoted as "good for eczema" must be apparent to any one who will give thought to the matter.

Suffice it to say in regard to the management of the cases here tabulated, that the treatment embraced the most varied means and measures suitable to the conditions present and to the individuals affected. Eczema, of all skin affections, is one, the conduct of whose treatment must be based on the broadest knowledge of medicine and the most judicious employment of remedies.¹

II. **Acne.**—The next most frequent affection in our list is acne, with a total of 973 cases, or 12.16 per cent. of the whole. The proportion of cases in private and public practice was quite different, it forming over 20 per cent. in the former, and only 8.33 per cent. among the poorer classes. This difference is undoubtedly in part caused by over-eating, sedentary habits, and other agencies which engender it among the rich, but also partly owing to the fact that the poor care less for the disfigurement of acne and have less time to devote to the removal of conditions which do not cause bodily suffering. Acne is probably much more common even than would be indicated by the figures here given, inasmuch as a very considerable proportion of individuals suffer from it to a greater or less degree during youth, or later, but the eruption is too often regarded not as a disease but rather as a necessary attendant of adolescence, or as a condition which cannot be relieved. The eruption is, in many young persons, a troublesome one to permanently remove, but great care can, in the large majority of instances, either cause the lesions to disappear or to be much diminished, and prolonged attention can very commonly ensure immunity from it. In the present study acne is used to in-

¹ For a full and practical study of the disease and its treatment, based on the cases here analyzed, the reader is referred to the recent work by the writer on "Eczema and its management," New York : G. P. Putnam's Sons, 1881.

clude all the affections of the sebaceous glands, both functional and inflammatory: in Table II the number of instances of each variety is indicated.

TABLE V.
AGES OF PATIENTS WITH ACNE.

AGE.	Private Practice.			Public Practice.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
Under 15 years of age	4	15	19	5	35	40	59
15 years to 20 years	30	81	111	59	81	140	251
20 " " 25 "	37	109	146	} 40	59	99	346
25 " " 30 "	28	73	101				
30 " " 35 "	12	32	44				
35 " " 40 "	11	34	45	over thirty years	40	63	of age 206
40 " " 45 "	8	17	25				
45 " " 50 "	7	3	10				
50 " " 55 "	6	5	11				
55 or more years of age	7	1	8				
	150	370	520	127	215	342	862

Table V exhibits the ages at which the acne was observed in all of the private cases, and those occurring in public practice during the last seven years. It will here be seen, as is well known, that acne is an affection of early life, occurring principally between the ages of fifteen and thirty years. It also shows, what is not generally recognized, that acne in some of its forms is also not uncommonly seen after thirty years of age, and may be met with even after the age of fifty: thus in private practice 143 out of the 520 cases, or almost 30 per cent., were thirty or more years of age.

In regard to sex the cases were very unevenly divided: of the 973 cases, 319 occurred in males to 654 in females, as shown in Table I. This disparity between the sexes was more marked among the private cases, where the males formed only 28 per cent. of the entire number. The causes are many which operate to cause a larger proportion of females than males to appear in these statistics. First, undoubtedly, must come the fact that men pay far less attention to such eruptions as do not cause them physical annoyance than do females, and this is shown in the fact that those males who do apply for relief are not nearly so faith-

ful in carrying out directions and persisting in treatment as are the females.

But my observations among patients and others have led me to believe that acne is far less common among males than among females, and a number of reasons for this can readily be found. The sedentary habits of females largely predispose to the sluggish circulation and the consequent dyspepsia and constipation and imperfect tissue-interchange which are at the bottom of very many cases; the greater disturbances of the system which occur at puberty and the menopause contribute also largely to the production of acne in females. As a local element, may be mentioned the greater tendency in females to make applications to the face, in the way of perfumes, powders, and cosmetics, which undoubtedly greatly tend to develop the eruption.

After the age of thirty it will be noticed that the proportion of males to females increases, and in private practice the numbers at this period are almost equal; a reason of this is found in the larger indulgence in fermented and distilled liquors, and in injury from abuse of tobacco, and the increase of dyspepsia, together with a lowered vitality from over-strain. These cases in later life are, as is known, mostly included under acne rosacea.

III. **Syphilis.**—The relative position of syphilis in a table exhibiting the frequency of disease will vary very much with the source from which the statistics are drawn. In the present instance syphilis is viewed in relation to its cutaneous manifestations, and the cases came under observation mostly because of skin symptoms, although at the New York Hospital, where a thousand and more of the cases were seen, the clinic includes venereal and skin diseases.

But syphilis may be looked upon from its dermatological aspect better than in connection with any other class of diseases, because it is very rarely the case that the patient entirely escapes skin symptoms, even if we exclude the primary lesion, whereas there is no other structure so universally affected. A purely venereal service would afford but very little real information in regard to the frequency of the disease in the way of comparison, whereas when the

skin becomes affected, many who had before been under treatment by druggists or by means of remedies obtained from friends, will seek relief from the skin lesions: further, the uncertainty attending the true nature of local sores early in their course would always give an element of uncertainty in purely venereal statistics.

The total percentage of syphilitic cases is seen to be 9.99, but the difference between the ratio in public and private practice, as shown in Table II, is striking; the disease occurring just twice as frequently in the former as in the latter, 5.93 per cent. in private, and 11.88 per cent. in public practice.

The ages at which the disease was observed are shown in Table VI. Thirty-seven cases are seen to have occurred

TABLE VI.
AGES OF PATIENTS WITH SYPHILIS.

AGE.	Private Practice.			Public Practice.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
6 mos. and under		2	2	7	7	14	16
6 mos. to 1 yr.	1		1	2	6	8	9
1 yr. " 2 yrs.				1	2	3	3
2 yrs. " 3 "	1	1	2		1	1	3
3 " " 4 "					1	1	1
4 " " 5 "					1	1	1
	2	3	5	10	18	28	33
5 yrs. to 10 yrs.		1	1	1	2	3	4
10 " " 15 "				4	3	7	7
15 " " 20 "	2	3	5	30	19	49	54
20 " " 25 "	10	14	24	85	34	119	143
25 " " 30 "	13	12	25	53	30	83	108
30 " " 35 "	23	12	35	47	27	74	109
35 " " 40 "	15	6	21	25	28	53	74
40 " " 45 "	12	7	19	11	19	30	49
45 " " 50 "	7		7	14	15	29	36
50 " " 55 "	4		4	9	10	19	23
55 " " 60 "	3	2	5	5	6	11	16
60 " " 65 "	1	1	2		1	1	3
65 " " 70 "					1	1	1
70 " " 75 "					2	2	2
	92	61	153	294	215	509	662

under the age of ten years, most if not all of them being inherited syphilis, and of these nearly one half were observed during the first six months of life. There were

none seen over sixty-five years of age in private practice ; but among the poorer classes there were two patients over seventy years of age who presented syphilitic symptoms. Nearly one half the cases occurred between the ages of twenty and thirty.

In regard to sex the patients were quite evenly divided, 436 males to 363 females. It is impossible to determine with certainty if men are more subject to the disease than women. There are certain reasons which would operate to cause a fewer number of females to apply for treatment ; prominent among these is shame, which often leads women to conceal even maladies which cause them great distress, when located on concealed portions of the body, or when supposed to be of venereal origin. The number of primary lesions presented for treatment in women is far less than those in men in every clinic with which I am acquainted ; and it is surprising, sometimes, to find how serious a lesion exists, primary or secondary, which has long been concealed by a woman. It must also be borne in mind that the initial lesions are frequently deeply seated, and often actually escape the knowledge of females. In women who are bearing children there sometimes seems to be an immunity from the skin lesions of syphilis, perhaps for a long period ; and frequently one will hear a married woman deny all skin lesions previous to a late tubercular or gummy manifestation. Among the children under five years of age there were nearly twice as many females as males.

IV. **Phthiriasis.**—The next skin affection which appears on the list, representing the diseased conditions of the skin caused by the presence of lice, can hardly be considered to occupy here its correct position, although the number of cases, 397, actually gave the next highest percentage, viz., 4.96. By reference to Table II it will be seen that the cases occurred principally among the lower classes, the proportion among private cases being less than half of one per cent. In a former analysis of the cases treated at Demilt Dispensary during 1876, phthiriasis composed twelve per cent. of the cases, standing second on the list in point of frequency. The number of cases could, of course, be greatly increased

if all the patients had been searched to discover the presence of lice. These cases refer to those who came for treatment on account of the itching and the lesions, which were found to be due to the presence of the parasite. Nearly two thirds of the patients were females, and in nearly two thirds of the cases the scalp was the portion infested; the long hair of girls and women, and the mode of dressing it, renders them peculiarly liable to this pest; pediculi were very rarely seen on the scalp of males. The single case of phthiriasis corporis seen in private practice was in the young daughter of a physician, who had just returned from a country boarding-place, and it could hardly be believed that the intense itching and the large masses of torn lesions could be due to so simple a cause; but the number of the pediculi present was very great.

Scabies, the other animal parasitic affection, which might properly be considered in this connection, will be seen to come fourteenth on the list, and will be mentioned in due order.

V. **Tineà.**—The vegetable parasitic eruptions constitute a large and important class of skin affections, coming fifth on the list, with a total of 360 cases, and forming four and one half per cent. of the whole. As will be seen in Table II, a number of quite different eruptions are included under the designation tinea, which are caused by three distinct parasites; these are, however, considered by some observers to be developments from one and the same fungus; we will consider, in turn, the lesions caused by them.

Tinea trichophytina, ringworm, or the eruption produced by the trichophyton tonsurans in different localities, is seen to constitute more than two thirds of the cases in this group; of these ringworm of the body formed nearly one half.

Tinea versicolor was observed 87 times, forming 1.08 per cent. of the whole; *tinea favosa*, or favus, occurred 31 times, making hardly .38 per cent., or less than one quarter the proportion occurring in Scotland.

The vegetable parasitic eruptions appeared in private and public practice in about the same proportion. In regard to

sexes, the number of males affected was almost double that of females.

VI. **Psoriasis.**—This eruption, which is generally believed to be very common, appears sixth on the list, with 333 cases, and a percentage of 4.16 of the entire number. The proportion in private practice was somewhat above that observed among the poor; this is probably owing to the greater attention paid to such eruptions by the upper classes, rather than to any greater frequency of the disease among them.

In regard to sex the cases were remarkably evenly divided, 169 males to 164 females. It is a little curious that in private practice the males should have been in excess by 23 cases, and in public practice the females in excess by 18 cases.

The following table exhibits the ages of most of the cases.

TABLE VII.

AGES OF PATIENTS WITH PSORIASIS.

AGE.	Private Cases.			Public Cases.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
Under 10 years	1	5	6	1	4	5	11
10 years to 20 years	3	13	16	15	24	39	55
20 " " 30 "	21	18	39	24	19	43	82
30 " " 40 "	28	10	38	15	16	31	69
40 " " 50 "	18	2	20	8	9	17	37
Over 50 years	6	6	12	6	11	17	29
	77	54	131	69	83	152	283

It is seen here that the eruption is rarely developed before ten years of age, in hardly 4 per cent. of all cases, and that it is comparatively seldom seen after fifty years of age. The youngest patients seen in private practice were two girls, not related to each other, each a little over five years of age; the eldest, a gentleman, aged seventy-two, with characteristic eruption on both elbows and some on the legs.

The largest number of cases was observed between the ages of twenty and thirty, although the number in the next

decade, thirty to forty, is large, considering the fewer persons living and the number of patients who neglect the treatment after a short trial. The age of greatest development is certainly after twenty, and the eruption seldom occurs for the first time after forty years of age.

It is to be understood that this table relates to the ages of patients at the time of applying for treatment, and not to the date of commencement of the eruption; in many instances the disease had lasted many years before coming under observation, and very rarely were cases seen within the first year of the appearance of the disease.

VII. **Urticaria.**—The true frequency of this eruption may not be indicated by its relative position as seventh in the list, and probably is not, for multitudes have more or less severe and transient attacks of urticaria without ever seeking medical relief of the same. The number of cases here occurring, namely, 199, or almost $2\frac{1}{2}$ per cent., represents in the main the more severe and chronic cases, some of which had often lasted for months or years.

The number of females was almost double that of the males; this is probably owing to the greater delicacy of the female skin, and to their general tendency toward neurotic affections.

The following table exhibits the ages of the patients:

TABLE VIII.
AGES OF PATIENTS WITH URTICARIA.

AGE.	Private Practice.			Public Practice.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
10 years and under	1	2	3	18	16	34	37
10 " to 20 years	1	4	5	9	14	23	28
20 " " 30 "	4	7	11	5	21	26	37
30 " " 40 "	1	3	4	9	6	15	19
40 " " 50 "	2	10	12	6	2	8	20
50 " " 60 "	3	2	5	1	4	5	10
Over 60 years	2	2	4	1	1	2	6
	14	30	44	49	64	113	157

No conclusions can be drawn from this table; the eruption seems to be almost equally frequent at all ages; it often

appears in very young children, and not very infrequently occurs in connection with eczema, or in eczema patients during intervals of freedom from the latter eruption.

VIII. **Ulcus.**—Ulcers are, in most instances, very properly regarded as secondary lesions, the result of some preceding pathological condition, and should ordinarily be grouped or classed in connection with the disease to which they belong; thus, the primary lesion of syphilis, the chancre, and also later ulcerative lesions are in this analysis placed among the cases of syphilis. Ulcers occurring in connection with lupus, leprosy, sarcoma, epithelioma, etc., are, of course, included under those affections and excluded here.

The present group is made to contain but two varieties of ulcer: the simple ulcer, from injury or defective circulation, especially exemplified in varicose ulcers of the leg; and also the venereal ulcer, caused by the entrance of the chancroidal virus. Of the former there were 131 cases, or 1.63 per cent. of all cases; and of the latter, fifty cases, or .62 per cent. The ulcers of the lower leg were largely seen in women who were obliged to be much upon the feet, and were frequently associated with more or less eczema.

IX. **Dermatitis.**—Here are classed 172 cases, or 2.15 per cent. of the entire number, and among them lesions presenting very different characters, and occurring under varied conditions. If all eruptions exhibiting dermatitis, or inflammation of the derma, were placed here, the number would be many times as great as here recorded. But the term has in late years been used to represent a local, self-limited inflammation of the skin produced by causes outside of the body; here again, however, the local irritation produced by animal and vegetable parasites are excluded, having received separate names. The somewhat new name, dermatitis medicamentosa, refers to eruptions produced by the internal administration of certain drugs, as quinine, copaiba, iodide of potassium, etc., of which some very striking cases were observed, which cannot be detailed here.

The cases of dermatitis were evenly divided between the sexes, eighty-six males to eighty-six females, as shown in Table I: the ages of the patients are shown in the following table.

TABLE IX.
AGES OF PATIENTS WITH DERMATITIS.

AGE.	Private Practice.			Public Practice.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
6 months and under .....	.....	.....	.....	.....	1	1	1
6 " to 1 year .....	.....	.....	.....	.....	1	1	1
1 year to 2 years .....	.....	.....	.....	1	4	5	5
2 years " 3 " .....	.....	.....	.....	1	2	3	3
3 " " 4 " .....	.....	.....	.....	.....	2	2	2
4 " " 5 " .....	.....	.....	.....	1	.....	1	1
	.....	.....	.....	3	10	13	13
5 years to 10 years .....	.....	.....	.....	2	5	7	7
10 " " 15 "	1	1	2	1	7	8	10
15 " " 20 " .....	.....	2	2	3	4	7	9
20 " " 25 " .....	.....	2	3	4	1	5	8
25 " " 30 "	4	2	6	4	2	6	12
30 " " 35 "	4	1	5	4	6	10	15
35 " " 40 "	3	3	6	4	1	5	11
40 " " 45 "	4	1	5	.....	3	3	8
45 " " 50 "	1	1	2	3	1	4	6
50 " " 55 "	2	.....	2	1	2	3	5
55 " " 60 " .....	.....	1	2	5	.....	5	7
60 " " 65 "	1	.....	1	1	.....	1	2
65 " " 70 " .....	.....	.....	.....	1	1	2	2
	20	14	34	36	43	79	115

It will be seen that the cases were distributed throughout all ages, the skin being at all periods liable to inflame from external causes. It is often very difficult to determine at the outset between some cases of simple or poisoned dermatitis and eczema, and often an eruption which begins as a purely local dermatitis from a well-defined cause, as a burn, an injury, or the effect of poison, may, in a proper subject, develop later into a typical eczema.

X. **Pruritus.**—It is very important to clearly separate pruritus as a disease from pruritus occurring in connection with other skin affections; in the 152 cases, forming 1.9 per cent., itching was the only symptom complained of, and the lesions present were those caused by scratching, care being taken to eliminate cases where the itching was caused by parasites. There were twenty-two cases of pruritus senilis, and twenty-three cases of pruritus hiemalis; in many of the other cases the itching was about the genital region.

There were seventy-eight males and seventy-four females treated for pruritus.

XI. Furunculus.—Boils were seen twice as often among the poor as among the richer classes; the total number in public and private practice was 151 cases, or 1.89 per cent., of which seventy-three were males to seventy-eight females. These numbers do not include every one who chanced to have boils while under treatment, but only those who applied for the relief of such; very many of the eczema patients presented boils at some time during treatment.

XII. Lichen.—One hundred and forty-eight cases of lichen were recorded, constituting 1.85 per cent.; of these, 117 were of lichen simplex. Many writers would class these latter cases, or most of them, as papular eczema, and fail to recognize the acute and chronic forms of this eruption, giving the name lichen only to the last three varieties mentioned in Table II. Clinically, however, these cases differ from papular eczema in many particulars, which cannot be dwelt on here, and there is but little doubt that the papular eruption, long called lichen, exists, which, though related to eczema, maintains a separate entity. There were twenty-four cases of lichen planus, some of which resembled closely the lichen ruber of Hebra.

The cases were quite evenly divided between the sexes, seventy-two males to seventy-six females.

XIII. Erythema.—Of the 128 cases of erythema, 1.6 per cent. of all, sixty-one or nearly one half were of the variety known as erythema multiforme, and but thirteen of erythema nodosum. The cases of multiform erythema presented the most varying forms and degrees of the eruption; bullæ were occasionally seen, even of some size, especially in several private patients. The females were almost double the number of the males, eighty-five to forty-three, pointing toward a neurotic element; in a number of instances the eruption was seen in young female immigrants, just landed, where the confinement of shipboard, with its unusual food and bad hygienic conditions, had greatly deranged the system, and induced extensive skin inflammation.

XIV. Scabies.—This eruption, which in the statistics from Glasgow public practice exactly equalled eczema in frequency, forming more than one quarter of all cases,

stands here fourteenth on the list, with but 128 cases, or 1.6 per cent. of the whole. In private practice there were but ten cases, forming .39 per cent., while in Anderson's private practice in Glasgow it formed 4.4 per cent. The eruption is certainly becoming less frequent in this country as a knowledge of its true nature prevails, and hygiene and cleanliness are inculcated; the proportion of cases in the last few years' practice is much less than the figures above given would indicate. Often weeks or even months will go by without a case presenting itself, then a group of cases in a family, or school, or district will appear; careful treatment will cure these, and no more cases will appear for some time.

Of the cases here recorded, seventy-five were in males and fifty-three in females; but a single female was seen in private practice with scabies.

XV. Erysipelas.—This disease formed a trifle over one per cent., there being ninety-one cases, thirty-four males and fifty-seven females. Most of these were of a very mild type, generally about the head and face, and were treated as out-patients; many of them were about the nose and cheeks, and were more properly of the character which I have described as pseudo-erysipelas, occurring in connection with catarrhal difficulty and nasal ulcerations, and were rather local inflammatory conditions of the lymphatics than true erysipelas.

XVI. Alopecia.—Loss of hair is naturally a condition exciting more solicitude among the patients in private practice than among those in the lower walks of life, consequently we find more than three quarters of the cases belonging to the former class, namely, sixty-nine cases, forming 2.67 per cent. of all those seen in private practice. The total number of cases of alopecia seen was eighty-nine, forming 1.11 per cent. of the whole; of these the males were almost double the number of females, namely, fifty-nine to thirty.

Alopecia areata formed more than one half of all the cases, namely, forty-six; of these, fourteen occurred in public practice, and thirty-two in private practice, with a percentage of 1.24 of all private cases. The difference be-

tween the relative frequency of the disease in private practice with its percentage of 1.24, and in public practice with its percentage of .25, is not a little remarkable. The appearance presented by the smooth bald patches is so striking that it cannot escape attention, and the poor who are affected appear almost as solicitous about it as do the rich. The fact of its occurring, according to these statistics, almost five times as frequently among those in the higher classes as among those in the lower walks of life, points strongly toward the neurotic origin of the disease, and equally strongly away from its supposed parasitic origin. The following table exhibits the age and sex of patients with alopecia areata seen in private practice.

TABLE X.

AGES OF PATIENTS WITH ALOPECIA AREATA IN PRIVATE PRACTICE.

AGE.	Males.	Females.	Total.
10 years of age and under .....	...	3	3
10 years to 20 years of age	2	1	3
20 " " 30 " "	8	3	11
30 " " 40 " "	12	2	14
40 " " 50 " "	1	...	1
50 " " 60 " "	3	...	3
	26	9	35

From this it is seen that this peculiar affection is rarely seen in young life, only one sixth of the cases being twenty or less years of age; nor is it often seen after the age of forty. The youngest cases were in girls, aged respectively six, eight, and ten years; the oldest, a gentleman fifty-four years of age. The males were almost three times the number of the females.

XVII. **Zoster.**—Eighty-eight cases of herpes zoster were observed, giving a proportion of only a trifle over 1 per cent. This shows the disease to be less common than is usually supposed; the eruption is so startling, and often so painful, that those affected generally apply for relief, so that this percentage may be taken as a fair indication of its general frequency.

The accompanying table exhibits the ages of the cases.

TABLE XI.
AGES OF PATIENTS WITH ZOSTER.

AGE.	Private.			Dispensary.			Grand Totals.
	Males.	Females.	Total.	Males.	Females.	Total.	
10 years and under . . . . .	...	2	2	4	4	8	10
10 years to 15 years . . . . .	...	1	1	4	5	9	10
15 " " 20 " . . . . .	...	2	2	1	2	3	5
20 " " 25 " . . . . .	...	...	...	2	1	3	3
25 " " 30 "	2	2	4	1	1	2	6
30 " " 35 "	5	...	5	3	2	5	10
35 " " 40 "	1	1	2	1	1	2	4
40 " " 45 "	2	1	3	2	...	2	5
45 " " 50 "	2	...	2	...	2	2	4
50 " " 55 " . . . . .	...	...	...	...	1	1	1
55 " " 60 "	1	...	1	2	1	3	4
60 " " 65 " . . . . .	...	1	1	...	...	...	1
65 " " 70 "	1	1	2	...	2	2	4
81 years . . . . .	...	1	1	...	...	...	1
	14	12	26	20	22	42	68

It will be seen by this that the disease is met with at all ages; although it has always been thought to be very uncommon in young children, ten cases were seen in those ten years or less of age. The youngest patients in private practice were: a little girl of five years with a thoracic zona at the level of the seventh dorsal vertebra, possibly caused by irritation from vertebral caries very marked in that region; the other young patient was a girl of ten years, with a left lumbar zona, extending around into the groin. The oldest patient was a lady of eighty-one years, with an eruption on the left side of the neck, extending into the hair; the neuralgic pain of this was very great, but was completely relieved by a few applications from a galvanic battery.

In regard to sex the patients were exactly divided, an equal number of males and females.

XVIII. **Epithelioma.**—Next, in point of general frequency, comes epithelioma, with eighty-six cases and 1.08 per cent.; this, like several other diseases, occurred much more frequently in private than in public practice, it forming 1.74 per cent. of the former, and but .76 per cent. of the

latter. This apparent difference is probably owing to the greater anxiety with which those in the higher walks of life regard any thing which may in any way suggest a cancerous growth, rather than to any real predominance of the disease among the higher classes. Most of the cases presented the lesion upon the face, especially in the region of the nose; epithelioma of the lip was seldom seen, most of these cases going at once to the surgeon. There were fifty males and thirty-six females with epithelioma.

The ages of the private patients are exhibited in the following table.

TABLE XII.
AGES OF PATIENTS WITH EPITHELIOMA IN PRIVATE PRACTICE.

AGE.	Males.	Females.	Total.
Under 20 years of age . . . . .	...	1	1
30 years to 40 years of age	4	3	7
40 " " 50 " "	7	6	13
50 " " 60 " "	9	3	12
60 " " 70 " "	9	6	15
70 " " 80 " "	3	2	5
	32	21	53

As is known, the disease is rare in young life, but eight cases appearing in patients less than forty years of age; there was only one patient under thirty years of age, that being a colored woman nineteen years old, with epithelioma of the vulva.

XIX. Herpes.—The eruptions known as herpes (with the exception of herpes zoster, already considered) came next in frequency, with seventy cases, forming .87 per cent.; there were, forty males and thirty females with herpes. In twenty cases the genital region was affected, nineteen males and one female; the eruption is probably much more frequent in females than this would indicate, but shame very frequently prevents attention being given to such an eruption, which generally passes away quickly, without treatment.

XX. Lupus.—This disease is comparatively rare in this country, there being but sixty-nine cases among those ana-

lyzed, giving a percentage of only .86 in the whole number of cases. The cases were more common in private practice, where they formed 1.24 per cent. In other countries the disease is much more frequent; thus, in Glasgow, lupus formed 1.98 per cent. of McCall Anderson's public cases, and 2.5 per cent. in his private practice.

Of our sixty-nine cases, forty-two were of lupus erythematosus, and twenty-seven of lupus vulgaris: it is understood that tubercular syphilis, often known as syphilitic lupus, is excluded here, and reckoned among syphilitic cases.

Lupus is decidedly a disease belonging to the female sex; of these cases there were eighteen observed in males and fifty-one in females.

XXII. Chloasma.—This is another affection which is much more commonly seen in private than in public practice: of the forty-two cases, thirty-two occurred in private practice, forming 1.24 per cent. of all the cases. It is also almost wholly an eruption belonging to females: of the forty-two cases, but two were seen in males, both cases being in private practice, and well marked.

XXIII. Purpura.—There is little of interest in regard to the cases of purpura, except that from its relative position in this list the disease would appear to be much less frequent than might be commonly supposed, as it only formed .49 per cent. of all cases. It was seen with about equal frequency in private and public practice, and about as often in females as in males.

XXVI. Ichthyosis.—This affection was also observed much less frequently than might be expected, there being but twenty-eight cases, with a percentage of .35, of which the larger number were seen in private practice; it was seen seventeen times in males and eleven times in females.

XXVIII. Sycosis.—The cases here referred to relate to true, non-parasitic sycosis, a folliculitis or inflammatory condition in and around the hair follicles, principally occurring on the bearded face. This is quite distinct on the one hand from pustular eczema of the beard, and on the other from the vegetable parasitic eruption occurring in the beard, sometimes known as parasitic sycosis, or barber's itch; this

latter appears under its proper head, *tinea trichophytina*, which was spoken of fifth on the list.

There were twenty-seven cases of sycosis, all in males, forming .34 per cent. of the entire number of cases.

XXX. **Nævus.**—The actual frequency of *nævus* is not at all indicated by its position in this list, for comparatively few of those affected with any of the forms of “birth marks” ever seek medical or surgical relief; the popular superstition against the removal of these deformities is still very strong, as constantly appears when it is suggested to treat one which is casually found on a patient applying for some other difficulty. The cases which are brought for treatment are generally in children where the deformity is especially marked, or where a protruding or rapidly extending *nævus*, especially on the face or scalp, causes more than ordinary anxiety.

There were but twenty-six cases of *nævus* recorded, seven in males, and nineteen in females; of the whole number, sixteen were in private practice, giving .62 per cent., against .18 per cent. among the public cases.

XXXII. **Varicella.**—Chicken-pox is not very infrequently brought for treatment, under the supposition that it is some purely skin affection, and in slightly marked and also in very severe cases the diagnosis is often a little difficult. Twenty-one cases thus appeared, which, of course, in no way indicates the relative frequency of the disease, as the family physician is usually seen at once for such an eruption; the same is true of other exanthemata, and measles, scarlatina, and small-pox occur seldom in such statistics as those here presented.

XXXIII. **Leucoderma.**—This was mainly observed in private practice, where occurred seventeen out of the total twenty cases: those who are apt to resort to public clinics seldom pay attention to such pigmentary conditions, but from the comparative infrequency with which I have chanced to meet with it among those in the lower walks of life, both among patients and others, I am inclined to believe that it occurs much less frequently among them than among those who are more subject to nervous strain in the higher classes of society.

Of the twenty cases, eleven were in male and nine in female subjects. One very striking case was in a dark negro girl, in whom the process of whitening was occurring, the patches extending with considerable rapidity. They were scattered over various parts of the body, head, and limbs; and the shoulders, chest, and neck, which were large and finely formed, had every appearance of belonging to a white girl of fair skin.

XXXIV. Ecthyma and Impetigo.—Among the poor it is not very uncommon to find large pustular lesions, not belonging to other conditions, as, for instance, not due to scabies or syphilis, and not induced by pediculi or other recognizable cause: to these the names impetigo and ecthyma are given, although some recent authors, as Hebra, do not recognize these as independent affections. There were eighteen cases of ecthyma recorded, and thirteen of impetigo; the difference in the eruptions being mainly one of degree—the latter being more superficial pustules, the former more boil-like, but not having the central core.

Of the thirty-one cases, fifteen were in males and sixteen in females.

XXXVII. Pemphigus and Hydroa.—Excluding syphilitic forms of this eruption, seen mainly in children, and also excluding the cases of multiform erythema in which sometimes quite large bullæ appear, true pemphigus is a rare affection in this country. But seventeen cases were recorded as pemphigus, and it is quite possible that some of these cases on further study might prove to be more properly classed as multiform erythema or other affections.

The term hydroa has been employed to designate irregular cases in which the bullæ are smaller than those commonly recognized as belonging to pemphigus, and which do not exhibit the features which could place them elsewhere. There were nine cases thus recorded. Of the total twenty-six cases thus exhibiting bullæ, twelve were in males and fourteen in females.

XLI. Keloid.—This curious neoplasm was recorded in but eleven cases, seven males and four females, but may be much more frequent than thus indicated, as casual cases

are occasionally met with, for which medical advice is never sought.

XLII. Xanthoma.—But ten cases of this condition were recorded, although the disease is relatively far more frequent than is indicated by this number, which makes only .12 per cent. of the whole: the milder forms occurring on the eyelids were occasionally noticed on patients with other affections, but not recorded in the notes. Of the ten cases, three were in males and seven in females.

XLV. Morphœa and Scleroderma.—These affections, which are closely allied, are rarely met with, they together forming only .15 per cent. of the whole number of cases. There were eight cases of morphœa, two males and six females; and four of scleroderma, one male and three females: this relation of the numbers in the sexes corresponds to that mentioned by other observers, who state both the diseases to be much more frequent in women than men.

L. Lepra.—Six cases of true leprosy, elephantiasis Græcorum, were recorded, four occurring in private practice and two among public cases; these were all in males. A number of other cases were seen at different times in hospitals and elsewhere, which were not recorded, as not belonging to the cases here analyzed. In two cases in private practice the patients were native-born Americans, and without discoverable heredity of the disease, and had never been five hundred miles from New York City. The origin in many cases was traced to residence in countries affected with the disease.

LX. Trichorexis nodosa.—Four instances of this peculiar condition were noted, all in males, in private practice; two were in physicians who also studied their cases very carefully. In all the patients the disease proved very rebellious.

LXXXVIII. Prurigo.—This eruption was recorded in but a single instance, and that in private practice, in a young lady, aged twenty-three years. The case was a very distressing one, and the patient finally died of glandular enlargements, which occurred in many parts of the body. No autopsy was obtained, but there was evidence during life of malignant disease of the lymphatic glands within the chest, which was the apparent cause of death.

LXXXIX. **Rhinoscleroma.**—A single case was recorded as rhinoscleroma, in the person of a young lady, twenty-seven years of age. The clinical features, the age of the patient, and the behavior of the disease after cauterization and cutting operations, all pointed strongly to the affection described by Hebra as rhinoscleroma, but after excision the growth resembled epithelioma microscopically in many of its elements.

In presenting the foregoing tables of statistics and the comments thereon, I have endeavored to add, in some measure, to the knowledge of the natural history of the various affections to which the skin is subject. The practical advantages to be derived from such presentations of facts are not always apparent at first sight, but it cannot be denied that every thing which contributes to knowledge will, in the end, in some way or other, be of service. The subject of diseases of the skin has been an obscure one in years which are past, and it is only within the memory of those now practicing medicine that much light has shined out of the darkness. Facts have rapidly accumulated in recent years, and much which was uncertain in dermatology is now well determined. It is hoped that the accompanying tables, which have cost much time and labor, will assist in determining the relative frequency of diseases of the skin, and their relations to age and sex.

The cases upon which the tables are based have been seen during the past twelve years, and the notes which have been taken of them to assist in their management, have not only served their purpose in that manner, but have afforded material for study, from which much knowledge can yet be drawn. The habit of careful note-taking cannot be too earnestly urged, especially among the younger members of the profession, who have the leisure in which to acquire the habit; not only do case records serve as aids to successful practice, but they are invaluable for the purpose of affording data from which alone disease can be studied in a scientific and satisfactory manner.